

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014701

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 62

STATE FILE NUMBER

FILED APR 12 1963

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		c. CITY OR TOWN Nevada, Mo.	
Length of stay in 1b 50 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		d. STREET ADDRESS (If outside, give location) 217 North Lynn Street	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Walter W Winfield True			4. DATE OF DEATH Month April Day 5 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-16-1890	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 11 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Conductor, Mo. Pac.		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Marion Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Richard T. True		13b. MOTHER'S MAIDEN NAME Amanda Smith		14. NAME OF HUSBAND OR WIFE Tisha Bell True	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. [REDACTED]			
		17. INFORMANT Mrs. Tisha B. True, Wife, Nevada, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute recurrent Coronary Infarction.		INTERVAL BETWEEN ONSET AND DEATH 15 min.	
DUE TO (b) Left Anterior Coronary Infarction, severe		6 weeks	
DUE TO (c) Chronic Coronary Insufficiency		18 mos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7 a.m. 0 p.m.	Month, Day, Year June 1937		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY Nevada STATE Missouri

21. I attended the deceased from **June 1937** to **Apr. 5, 1963** and last saw him alive on **April 5, 1963**.
Death occurred at **Nevada, Missouri** **7:47 A.** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. B. Wray, M.D., F.I.C.S.	22b. ADDRESS Moore Bldg., Nevada, Missouri	22c. DATE SIGNED 4/6/1963
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-8-1963	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	23d. LOCATION (City, town, or county) (State) Nevada, Vernon, Missouri
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24. FUNERAL DIRECTOR Hays Funeral Service, Inc.	25. DATE RECD. BY LOCAL REG. 4-10-1963	26. REGISTRAR'S SIGNATURE Arma E. Perry
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Nevada, Missouri (Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 24 1963

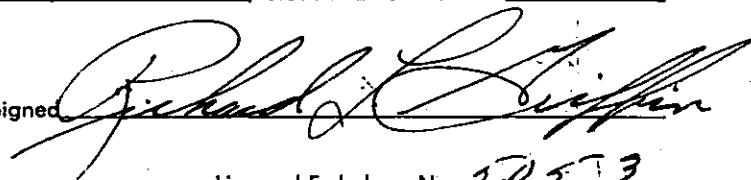
JUN 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me;
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 50513

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.